## Form **990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

Α	For t	he 2016 calen	dar year, or tax	year begin	ning 7/	01	, 2016	6, and endin	<b>a</b> 6/	30	-	, 2017	
В	Check	if applicable:	С				· ·	•	3 0,			fication number	
	Па	ddress change	California	s State	Studen	t Associ	ation						
	$\vdash$	ame change	401 Golder	Shore	#135	C ASSOCI	acion			E Teleph	2311		_
	$\vdash$	nitial return	Long Beach			10							
	$\vdash$			-,						(56	<u>2) 9</u>	51-4025	
	Н	nal return/terminated											
	-	mended return								G Gross	eceipts	\$ <u>    1,669</u>	,437.
	∐ A	pplication pending	F Name and addre	ess of principal	l officer: Cha	rles Rober	t Shorett	e II		a group retu			s X No
			401 Golden S	hore St.	Suite 13	5 Long Bea	ch, CA 90	803	H(b) Are al	l subordinate: ' attach a list.	s included	1? Ye:	s No
I	Tax	-exempt status	X 501(c)(3)	501(c) (		insert no.)	4947(a)(1) o	r 527	H NO,	attach a list	(see inst	tructions) —	
J	We	bsite: > cs	ustudents.	ora					H(c) Groun	exemption n	umher 🔈		
K	Forr	n of organization:	Corporation	Trust X	Association	Other >		Year of formation				egal domicile: C	
Pa	art I	Summar		1 1 1 1		- Galar		Teal of formati	on. 195	<i>y</i> III .	state of le	egai domicile: C	<u>A</u>
-	1		be the organizat	ion's missi	on or most	significant ag	tivities Th	o Colife		Chaba	C+ 4		
		Associat	ion (CSSA)	EATUA	Calif	ornia Cta	to Train	e cariro	ornia_	State	Stuae	<u>ent</u>	
ဥ	İ	student	ion (CSSA)	_serves	Carific	orniganto	re our	versity_	(CSU)_	studer	its, ;	<u>advocate</u>	<u>s for</u>
nar		Scarciic.	<u>interests,</u>	_and_en	igages s	srudenrs_	Tii Dabi	ric uidu	er_eat	<u>lcatlor</u>	ї Ъот	<u>lcy maki</u>	<u>ng</u>
Ver	2	Check this bo	if the c	rappization	discontinu							- <del>-</del>	<b>-</b> -
Ĝ	3		ting members o	f the gover	ning body (	ued its operat	ions or disp	oosea ot mo	re than 2	25% of its		sets.	
વ્ય	4	Number of inc	dependent voting	n members	of the any	erning body	1a) Part VI lin		• • • • • • • • •		3		23
es	5	Total number	of individuals e	mployed in	calandar v	ear 2016 (Da	rt V ling Or	e 1b)			4		23
Ξ	6	Total number	of volunteers (e	stimate if r	recessary)	ear zoro (r a	11 V, III e Za	a)			5		0
Activities & Governance	7a	Total unrelate	ed business reve	nue from F	Part VIII co	dumn (C) line					6		30
_		Net unrelated	business taxab	le income f	from Form	990-T line 3/					7a 7b		0.
-			- Gudinoco taxabi			330 1, IIIC 3-		* * * * * * * * * * * * * * * * * * * *			_ /B		0.
	8	Contributions	and grants (Par	t VIII. lino	16)				P	rior Year		Current Y	ear
ne	9	Program serv	ice revenue (Pa	rt VIII, IIIIe	20)			• • • • • • • • • • • • • • • • • • • •					
Revenue	10	Investment in	como (Part VIII	column (A	29)			• • • • • • • • • • • • • • • • • • • •	1	,534,1			,011.
ş	11	Other revenue	come (Part VIII,	COIUMN (A	), lines 3, 4	+, and /d)		• • • • • • • • • • • •			07.		,626.
_	12	Total revenue	e (Part VIII, colu	mm (A), im	es 5, 60, 80	c, 9c, 10c, an	ıa ile)			45,0			,800.
	13	Create and air	- add lines 8 t	nrough i i	(must equa	Part VIII, co	olumn (A), I	ine 12)	1	.,583,9		1,669	,437.
	i	Danafita and Si	milar amounts p	aid (Part I)	x, column (	A), lines 1-3)				50,9	90.	55	,026.
	14	Benefits paid	to or for member	ers (Part IX	., column (A	4), line 4)							
တ္က	15		r compensation,							50,9	90.		
Se	16 a	Professional f	undraising fees	(Part IX, co	olumn (A),	line 11e)							
Expenses	b	Total fundrais	ing expenses (P	art IX. colu	ımn (D). lin	ne 25). ►				7			
Δ̈́			es (Part IX, colu			·							
									972,488				<u>,874.</u>
l	19	Povonuo loca	es. Add lines 13-	17 (IIIUS) E	quai Fart i	A, COIUMII (A)	), line 25)	• • • • • • • • • • • •	1	,074,4			<u>,900.</u>
. 0		revenue less	expenses. Subt	ract line 18	s from line	12		· · · · · · · · · · · · · · · · · · ·	ļ	<u>509,5</u>		473	<u>,537.</u>
Net Assets or Fund Balances	20	Total assats (	D 16\						Beginnin	g of Curren	Year	End of Ye	
Bala	20		Part X, line 16).						<u></u>	910,3	99.	1,371	,804.
돌	21		s (Part X, line 26							31,1	46.	19	,014.
			fund balances.	Subtract lin	e 21 from l	ine 20				879,2	53.	1,352	.790.
Pa	rt II	Signature	e Block										
Inde	r penalt	ies of perjury, I dec	clare that I have examer (other than officer)	nined this return	n, including acc	companying sched	dules and state	ments, and to th	e best of m	v knowledge	and belief	f. it is true, correct	and
UIIIP	iele. De	ciaration of prepar	er (otner than officer)	is pased on al	I information o	t which preparer t	nas any knowle	dge.		,	•	,	,
		ax B	1 hut							4/26/	18		
Sig	n	Signature	e of officer						Dat	te			
ler	e e	Char	les Robert	Shoret	te II				Evecu	itive D	iiroa	tor	
		Type or p	orint name and title						LACCU	ICTAG T	1160	101	
-		Print/Type pre	eparer's name		Preparer's sign	nature .	7/	Date		Charle	T., D	TIN	
Paid	A	Rolland	d Vasin		•		2/16	4/14/	15	Check	] "		
	u pare				Rolland			17/14/	/ •	self-employe	a P	00644882	
Jee	on!	n	Vasin,										
, 30	. 5111	Firm's addres				basas #2	01		_	Firm's EIN	95-	4401626	
				sas, CA						Phone no.	(818)	222-350	0
⁄lay	the If	≺S discuss this	s return with the	preparer s	shown abov	e? (see instri	uctions)					X Yes	No

## Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Form **8868** (Rev. 1-2017)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

	c 6-Month Extension of Time. Only sub					
All corporatuse Form 76	ions required to file an income tax return other th 004 to request an extension of time to file incom	nan Form 99 e tax return	90-T (including 1120-C filers), partnershi	ps, RE	EMICs, and	d trusts must
			Enter filer's ident	ifying	number,	see instructions
T	Name of exempt organization or other filer, see instructions.			Empl	oyer identifica	ation number (EIN) or
Type or print				İ		
	California State Student Asso Number, street, and room or suite number. If a P.O. box, see i	<u>ciation</u>			231194	
File by the due date for		instructions.		Socia	I security nur	nber (SSN)
filing your return. See	401 Golden Shore #135 City, town or post office, state, and ZIP code. For a foreign add	dress, see instri	ections			
instructions.	Long Beach, CA 90802-4210					
Enter the Re	eturn Code for the return that this application is f	or (file a se	parate application for each return)			01
Application Is For		Return	Application			Return
		Code	ls For			Code
	Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL			Form 1041-A		-	08
Form 4720 (ii Form 990-Pl		03	Form 4720 (other than individual)			09
	(section 401(a) or 408(a) trust)	Form 5227			10	
Form 990-1 (section 401(a) or 408(a) trust) 05 Form 990-T (trust other than above) 06			Form 6069 Form 8870			11
The book	s are in the care of <b>Cecelia Koger</b>					
Telephon  If the ord	e No. ► <u>(562) _951-4025</u> ganization does not have an office or place of but	Fax No	. •			
<ul><li>If this is</li></ul>	for a Group Return, enter the organization's four	digit Group	Exemption Number (GEN) . If	this is	s for the w	hole aroup.
the exter	is box $ ightharpoonup \square$ . If it is for part of the group, onsion is for.	check this b	ox ▶ ☐ and attach a list with the na	mes a	nd EINs o	f all members
1   reques	st an automatic 6-month extension of time until	5/15	, 20 18 , to file the exempt organiz	ation	return	
101 110 1	organization named above. The extension is for the classical calendar year 20 or	organization'	s return for:			
	tax year beginning _ 7/01 , 20 _ 16 _	and endin	0 6/30 20 17			
2 If the ta	ax year entered in line 1 is for less than 12 mont	be obsolve	9 _0/3U,20 <u>1/</u>			
Cha	ange in accounting period	IIS, CHECK TE	eason:	ai retu	ırn	
3a If this a nonrefu	application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	720, or 606	9, enter the tentative tax, less any	3 a	Ś	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
c Balance	e due. Subtract line 3b from line 3a. Include your (Electronic Federal Tax Payment System). See	navment w	gith this form, if required, by using	3с		0. 0.
Caution: If you	ou are going to make an electronic funds withdra	wal (direct	debit) with this Form 8868, see Form 84	53-E0	and Form	1 8879-EO for
AA For Priv	acy Act and Paperwork Reduction Act Notice, see i	nstructions.			Form <b>8868</b>	(Rev. 1-2017)

	m 990 (2016) California State Student Association	94-2	311940	Page 2
Pai	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III.	<u></u>	·····	X
1	= accounts and organization of mission.			
	The California State Student Association (CSSA) serves California	ifornia Stat	<u>e Univer</u> s	<u>sity</u>
	(CSU) students, advocates for student interests, and engage	es_students_	in_public	<u> higher</u>
	education policy making.			
2	Did the organization undertake any significant program services during the year which were not listed	on the prior		. <u> </u>
_	Form 990 or 990-EZ?		□ <b>v</b>	₩ .
	If 'Yes,' describe these new services on Schedule O.	• • • • • • • • • • • • • • • • • • • •	Yes	X No
3		ogram services?	T Yes	V No
	If 'Yes,' describe these changes on Schedule O.	ogram scrvices	163	X No
4		rram services, as n	neasured by e	avnancac
	Describe the organization's program service accomplishments for each of its three largest program section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and and revenue, if any, for each program service reported.	allocations to other	s, the total ex	xpenses,
	and revenue, if any, for each program service reported.			
4 2	a (Code: ) (Expenses \$ 235.971 including grants of \$	\	^	
- a		<del></del>	\$	)
	See_Schedule_0			
			<b>-</b>	
			<b>-</b>	
4 b	b (Code:) (Expenses \$174,174. including grants of \$	) (Revenue	\$	)
	See Schedule 0	·		
		- <b></b>		
		- <b>-</b>		<del></del>
			<del>-</del>	
4.0	: (Code: ) (Expenses \$ 122 737 including grants of \$	\	<del></del>	
		) (Revenue	÷ <u>         36</u>	5,100.)
	See Schedule O			
			<b>-</b>	·
			- <del>-</del>	
			<b></b>	·
		·		
				<b>-</b>
				<b>-</b>
				<b>-</b> -
	Other program services (Describe in Schedule O.)  See Schedule O			
	(Expenses \$ 356,558. including grants of \$ ) (Reve	nue \$	)	
4e	Total program service expenses ► 889,440.			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	х	
2			<u> </u>	X
3		3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 6		X
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	Х	-
1	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
l	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
BAA	TEFA01031 11/16/16		000 (0	

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		+
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27	Х	
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
İ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30		X
31	Did the organization fiquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	(2016)

# Form 990 (2016) California State Student Association Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

	Check it Schedule O contains a response or note to any line in this Part V.			بلن
-	a Enter the number reported in Day 2 of Form 1005 Follow 0 if not an elicibit.		Yes	No
	<b>a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			i I
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	. 1	Х
	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.	3 b		
4	<b>a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	<b>b</b> If 'Yes,' enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Χ
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	-+	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c	$\rightarrow$	_X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	_	ļ	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	ĺ	
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
_	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		l	
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12			
	t Consequential 1 1 1 1 5 000 B 11/11/15 10 10 11	ĺ		
11				
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	12 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	- In the consideration for the first term of the	_		
•	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
,				
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
(	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	- 14 (V1) 1 (C)   F   700	14b		
ДД			99n (2	016

Form 990 (2016) California State Student Association 94-2311940 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... X Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 1 a 23 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent..... 1 b 23 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X 6 Did the organization have members or stockholders?.... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8 a X 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q..... 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10 a** Did the organization have local chapters, branches, or affiliates?.... 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12 h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... See Schedule O 12 c Х 13 Did the organization have a written whistleblower policy?..... X 13 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

BAA

State the name, address, and telephone number of the person who possesses the organization's books and records:

Cecelia Koger 401 Golden Shore, Suite 135

Long Beach CA 90802 (562) 951-4025

Form 990 (2016) California State Student Association
--

94-2311940

Page 7

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . .

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this bo	x if neither the organization nor a	ny related organiz	ation	cor	nper	nsate	ed any	/ cu	irrent officer, direct	or, or trustee.	
					(C)	)					
I	(A) Name and Title	(B) Average hours per	tha	n one s both	box,	unle: office:	eck mo ss perso r and a ee)	on	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)_Alana_I		4									
Directo		0	X						0.	0.1	0.
(2) Michell	Le_Noyes	4									
Directo	or	0	X						0.	0.	0.
(3) Brockay	/ll Dumas	4									
Directo	or	0	Х						0.	0.	0.
(4) Justin	Blakely	4									
Directo	or	0	Х						0.	0.	0.
_(5) Hendrix	Erhahon	4									
Directo	or_	0	Х						0.1	0.	0.
(6) Amanda	Martinez	4		1							
Directo		0	Х		ŀ				0.	0.	0.
(7) Jonah F	latt	4									
Directo	or		Х						0.	0.	0.
(8) Marvin	Flores	4									<u>0.</u>
Directo	or	0	Х	ŀ					0.	0.	0.
(9) Marcos	Montes	4		T				寸			
Directo	or	0	Х					ŀ	0.	0.	0.
(10) Lawrence	e Northrop	4									
Directo		0	Х	ı	İ				0.	0.	0.
(11) Nichola	s Somes	4						$\exists$			<u>.</u>
Directo	r	0	Х	l	ı				0.	0.1	0.
(12) Sevag A	lexanian	4									
Directo			Х					ı	0.	0.	0.
(13) Gabriel	Smith	4		$\dashv$				7			
Directo	r		Х						0.	0.	0.
(14) Travis		4		$\dashv$	$\dashv$		$\neg$	+		<del> </del>	<u> </u>
Directo		·   <del>-</del> -	х			ļ			0.	0.	0.
RΔΔ		TEFACI		11116	12.5				<u> </u>		

BAA

TEEA0107L 11/16/16

Form **990** (2016)

	are vii occional officers, pricetors, fre	(B)	T Cy			C)	<b>c</b> 3,	aiii	Trigilest Con	ipensated Emp	ioyees (continuea)
	(4)	1	}		Po	sition			(5)		
	(A) Name and title	Average hours	box	i, unle	check ess p	more erson	than is bot	th an	(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b>
	Harite and alle	per week		1	-		or/trus		compensation from	compensation from	Estimated amount of other
		(list any hours	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
		for related	ndividual trustee or director	L L	<del>क</del>	emp	oyee	-[₫			and related organizations
		organiza - tions	\Q \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	nalt		ğ	) p				organizations
		below dotted	Iste	rust		ð	ens				
		line)	"	8			aled				
(15	Amanda Monroy	4						-			
7.2	Director		X						,	0	
(16	Dylan Colliflower	4	1^	$\vdash$		-			0.	0.	0.
	Director	0	X						0.	0.	
(17	Celia LoBuono Gonzalez	4	Α.	$\vdash$	-	-		-	0.	<u> </u>	0.
3.7	Director		Х						0.	0	
(18	Juritizi Torrez-Mendoza	4	Λ	$\vdash$					0.	0.	0.
7.2	Director	4	X							0	
(19	Jana Colombini		^			_			0.	0.	0.
7.2	Director	4	x							•	_
(20)	Christopher Morales	0 4	^				-		0.	0.	0.
(-0)	Director	4	х								
(21)	Emily Hinton	4	^	$\dashv$					0.	0.	0.
7	Director	4	х							•	
(22)	Noriel Mostajo	4	^						0.	0.	0.
7	Director	- 4 -	х								_
(23)	Connon Esraelian	4	Λ	$\dashv$	$\dashv$	-		-	0.	0.	0.
	Director	0	x						0.	0	•
(24)	David Lopez	10	A							0.	0.
-`-'	President				Х				24,655.	0.	•
(25)	Isabelle Franz	8		_	^		-+	-	24,033.	0.	0.
-` <b>'</b>	Chair	0			Х				13,019.	0.	0
1	Sub-total		L		-23			<b>▶</b>	37,674.	0.	0. 0.
	Total from continuation sheets to Part VII, Section	on A						▶ -	17,352.	46,386.	20,914.
	d Total (add lines 1b and 1c)							▶ -	55,026.	46,386.	20,914.
2	Total number of individuals (including but not limited	to those li	sted a	abov	e) w	/ho r	eceiv	red r	more than \$100.000	of reportable comp	ensation
	from the organization   0				•				, , , , , , , , , , , , , , , , , , ,		
											Yes No
3	Did the organization list any former officer, direct	or, or trus	stee.	kev	em	vola	ee. c	or hi	ighest compensate	ed employee	
	on line 1a? If 'Yes,' complete Schedule J for such	n individua	al								. з х
4	For any individual listed on line 1a, is the sum of	reportable	e cor	nper	nsat	ion	and	othe	er compensation f	rom	
	the organization and related organizations greater such individual.	r than \$15	50 00	102 <i>I</i>	f 'Y	Ές '	com	nlat	a Schadula I for		
5											4 X
•	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens complet	e Sci	η τro hedu	om a ule .	any i <i>I for</i>	unrei Suci	ated h pe	d organization or i e <i>rson</i>	ndividual	. 5 X
Sec	tion B. Independent Contractors										,
1	Complete this table for your five highest compens compensation from the organization. Report compens	ated inde	pend	lent	con	trac	tors	that	received more th	an \$100,000 of	
		ation for ti	ie ca	iena	ar y	ear	enain	ig w		anization's tax year.	
	<b>(A)</b> Name and business addre		<b>(B)</b> Description of	f services	<b>(C)</b> Compensation						
								$\dashv$	<u> </u>		
								-			
							_	+			
								$\dashv$			
			_		_			+			
2	Total number of independent contractors (including but	ıt not limite	ed to	thos	e lis	sted	abov	e) w	ho received more t	han	
	\$100,000 of compensation from the organization	<b>^</b> n						, .,			

#### Form 990

## **Continuation Sheet for Form 990**

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

California State Student As	94-2311940									
Part VII Continuation: Officers, D										
Highest Compensated E		?S						r	T	
(A)	(B)	(C) Position (check all tha					.l.a	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Individual truster or director						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Maria Kagianas	6									
VP of Finance	0		L.	Х				5,961.	0.	0.
Jorge Reyes Salinas VP of Univ Aff.	6	ļ		37				5 400		_
Ryan Brown	0 4			X				5,430.	0.	0.
VP of Legs. Aff	4	<u> </u>		Х				5,961.		0
Charles Robert Shorette II	40			Λ				5,961.	0.	0.
Executive Dir.	10-	t		Х				0.	46,386.	20,914.
									40,500.	20, 514.
								_		
	<b> </b>									
		-								
				$\neg$		-		<u> </u>		
					ı					
			ŀ				Ì			
				_						
	<b></b>	.					l			
				_						
	<b></b>	·				İ				
					-					
		_			-		+			
			_	_						-

	Check if Schedule O contains a response or note to an	y line in this Part V	/III	· · · · · · · · · · · · · · · · · · ·	
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f				
Contril	g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f.				
	2a Student Inv. & Rep. Fee 611710 b Campus Dues 611710 c	1,619,114. 897.	1,619,114. 897.		
Program Service Revenue	d e f All other program service revenue g Total. Add lines 2a-2f.	1,620,011.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts).</li> <li>Income from investment of tax-exempt bond proceeds.</li> </ul>	8,626.			8,626
	5 Royalties (i) Real (ii) Personal  6 a Gross rents (b Less: rental expenses c Rental income or (loss).				
	7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses				
Other Revenue	8 a Gross income from fundraising events (not including . \$ of contributions reported on line 1c).  See Part IV, line 18				· · · )
	9a Gross income from gaming activities. See Part IV, line 19				
	c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods soldb  c Net income or (loss) from sales of inventory▶				
ŀ	Miscellaneous Revenue  Business Code  11a Other Income 900099  b	40,800.	40,800.		
	d All other revenue				
1	12 Total revenue. See instructions	1 669 437	1 660 811		

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX... (A) Total expenses (B) (C) (D) Do not include amounts reported on lines Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ..... Grants and other assistance to domestic individuals. See Part IV, line 22...... 55,026 55,026. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees. . . . 0 0. 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. Other salaries and wages..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). Other employee benefits..... 10 Payroll taxes..... 11 Fees for services (non-employees): a Management ..... **b** Legal..... c Accounting ..... 16,350 16,350 e Professional fundraising services. See Part IV, line 17 . . . f Investment management fees..... **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) . . . . Advertising and promotion..... Office expenses..... 3,900 2,322 1,578. 15 Occupancy..... 28,659 7,165 21,494 17 203,600 203,600 Payments of travel or entertainment expenses for any federal, state, or local public officials ..... 19 Conferences, conventions, and meetings . . . Interest..... 20 21 22 Depreciation, depletion, and amortization. . . . Insurance..... 23 4,379. 4,379 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... a Outside Services 664,353 465,557 198,796 b Hospitality <u>90,285</u> 90,285 c Administrative Costs 43,866 395 <u>43,471</u> 35,803 28,740 7,063 49,679. 36,350. 13,329 **25** Total functional expenses. Add lines 1 through 24e... 1,195,900. 889,440. 306,460. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash non-interest-bearing		1	
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	464.	4	635.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	2,094.	9	2,819.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	907,841.	15	1,368,350.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	910,399.	16	1,371,804.
$\neg$	17	Accounts payable and accrued expenses	31,146.	17	19,014.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	31,146.	26	19,014.
s Se		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ě	27	Unrestricted net assets	879,253.	27	1,352,790.
39	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
e t	33	Total net assets or fund balances	879,253.	33	1,352,790.
~	34	Total liabilities and net assets/fund balances	910,399.	34	1,371,804.
BA	Α				Form <b>990</b> (2016)

Form 990 (2016) California State Student Association 94-	2311940		P	age 1
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI.	. <b></b>			Г
Total revenue (must equal Part VIII, column (A), line 12)	1			437.
2 Total expenses (must equal Part IX, column (A), line 25)	2			900.
3 Revenue less expenses. Subtract line 2 from line 1	3			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>537.</u>
5 Net unrealized gains (losses) on investments	5		19,	<u> 253.</u>
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments	8			
9 Other changes in net assets or fund balances (explain in Schedule O).	9			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part V. line 33)	-			0.
column (b))	10	1 3	52 '	790.
Part XII Financial Statements and Reporting		<u>-, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	<u>, , , ,</u>
Check if Schedule O contains a response or note to any line in this Part XII				
The second secon		· · · · · · · · · · · · · · · · · · ·		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No
				1
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				ĺ
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	• • • • • • • • • • •	2a		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a			
Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?				1
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separal		2b	X	
basis, consolidated basis, or both:	te	ĺ		ĺ
X Separate basis Consolidated basis Both consolidated and separate basis				ĺ
C If 'Yes' to line 2a or 2h, does the organization have a committee that occurred search little to the committee that occurred the committee t		ŀ		
review, or compilation of its financial statements and selection of an independent accountant?		2 c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			<u> </u>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	j			ı
Additive and Olivin Circular A-155:		3 a	]	Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit			-+	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		

BAA

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number California State Student Association 94-2311940 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(bX1XAXv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(bX1XAXvi)**. (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) **(E)** Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.) If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
beg	endar year (or fiscal year inning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	262,123.	364,225.	311,027.	1,534,136.	1.619.114	4,090,625.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,		2,013,111.	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	262,123.	364,225.	311,027.	1,534,136.	1.619.114	4,090,625.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		·				0.
6	Public support. Subtract line 5 from line 4.						4,090,625.
Sec	tion B. Total Support						1,030,023.
Cale beg	endar year (or fiscal year inning in) ►	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	262,123.	364,225.	311,027.	1,534,136.	1,619,114.	4,090,625.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,537.	2,163.	2,528.	4,807.	8,626.	21,661.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		-,		1,007.	0,020.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Fart VI.			40,650.	45,050.	40,800.	126,500.
17	Total support. Add lines 7 through 10						4,238,786.
12	Gross receipts from related activi	ties, etc. (see inst	tructions)			12	0.
13	First five years. If the Form 990 is f organization, check this box and	or the organization' <b>stop here</b>	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3)	
	tion C. Computation of Pub						
14	Public support percentage for 20	16 (line 6, column	(f) divided by line	e 11, column (f))		14	96.50%
15	Public support percentage from 2	015 Schedule A, F	Part II, line 14				96.67 %
16a	<b>33-1/3% support test—2016.</b> If the and <b>stop here.</b> The organization of	e organization did qualifies as a publ	not check the boicly supported org	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test—2015.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a publ	not check a box of licly supported or	on line 13 or 16a ganization	, and line 15 is 33	-1/3% or more, ct	سا
17a	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts-	neets the tacts,an	id-circiimetancae'	tast chack this	hay and <b>ctan ha</b> w	<ul> <li>Evalaia ia Daul.</li> </ul>	V/I /
	<b>10%-facts-and-circumstances tes</b> or more, and if the organization norganization meets the 'facts-and	reets the facts-an -circumstances' te	id-circumstances ist. The organizat	test, check this lion qualifies as a	box and <b>stop here</b> publicly supporte	Explain in Part de dorganization	VI how the
18	Private foundation. If the organization	ation did not checl	k a box on line 13	3, 16a, 16b, 17a,	or 17b, check this	box and see inst	ructions ►
5 A A							

Sch	edule A (Form 990 or 990-EZ) 2016	Californ	nia State St	tudent Asso	ciation	94-2311940	Page 3
Pa	rt III Support Schedule fo	r Organizatio	ns Described i	n Section 509	VaV2)		
	(Complete only if you chec fails to qualify under the te	ked the box on I	ine 10 of Part I or	if the organization	on failed to qualify	under Part II. If the	e organization
Sec	ction A. Public Support	sts listed below,	please complete	Part II.)			
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2012	(a) 2014	(-I) 0015	4 > 2045	
1		(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	<b>(e)</b> 2016	(f) Total
2							
3							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
_	Add lines 7a and 7b						-
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		<u>l</u>				
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(a) 2016	<b>(5)</b> Tabal
	Amounts from line 6	(1) 2012	(2) 2010	(6) 2014	(u) 2013	<b>(e)</b> 2016	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.).						
14	First five years. If the Form 990 is organization, check this box and s	for the organiza	tion's first, second	d, third, fourth, or	r fifth tax year as	a section 501(c)(3)	
Sec	tion C. Computation of Pub		ercentage				
	Public support percentage for 201			a 13 column (f))			<u> </u>
16	Public support percentage from 20	015 Schedule A.	Part III, line 15			16	%
Sec	tion D. Computation of Inve	stment Incom	ne Percentage			10	
	Investment income percentage for			by line 13 colum	mn (f))		
18	Investment income percentage fro	m <b>2015</b> Schedul	e A, Part III, line 1	17	(///	18	
	20.4/20/						

BAA

19a 33-1/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. **b 33-1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . .

#### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

			res	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
	<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ı	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		·
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		
3ΔΔ				

-	Justin Supporting Organizations (continued)		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		,	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
2	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	nstruct	ions).	
2	Activities Test. Answer (a) and (b) below.	٦	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	+	+	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3a 3b		
BAA	TEFAMOSI 19/28/16 Schodulo A /Form 900			

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.	ist on No	ov. 20. 1970 (ovelein is	n Part VI). <b>See</b>
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_ 1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	t		
;	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
_4 	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_ 7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated (see instructions).	egrated 7	Type III supporting org	anization
BAA			Schedule A (Fo	rm 990 or 990-EZ) 201

	edule A (Form 990 or 990-EZ) 2016	<u>udent Associati</u>	on 94-23	11940 Page <b>7</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) So	upporting Organiza	ations (continued)	
Sec	ction D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations	······································	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
t				
	From 2013			
	From 2014			\
	From 2015			
	f Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 California State Student Association

94-2311940

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

### Part II, Line 10 - Other Income

Nature and Source	-		2016	 2015	 2014	2013	2012
Project Revenue	Total	\$ \$	40,800. 40,800.	45,050. 45,050.	40,650. 40,650.	\$ 0.	\$ 0.

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2016

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

## If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	e of organization			Employer identific	ation number	_
Ca	<u>lifornia State S</u>	Student Association		94-231194	10	
Pa	rt I-A Complete if t	he organization is exempt under sect	ion 501(c) or is a	section 527 organi	zation.	_
1	Provide a description of (see instructions for de	of the organization's direct and indirect political efinition of 'political campaign activities')	campaign activities i	n Part IV.		_
2	Political campaign activ	vity expenditures (see instructions)		► <u>\$</u>	3	
3		litical campaign activities (see instructions)				
Pa	rt I-B Complete if t	he organization is exempt under sect	ion 501(c)(3).			_
1	Enter the amount of ar	ny excise tax incurred by the organization unde	r section 4955	▶\$	5 (	0
2	Enter the amount of ar	ny excise tax incurred by organization manager	rs under section 4955	<b>&gt;</b> \$		<u>-</u>
3	If the organization incu	irred a section 4955 tax, did it file Form 4720 fo	or this year?		Yes	No
4		.?				No
	<b>b</b> If 'Yes,' describe in Par					•
Pa	rt I-C Complete if t	he organization is exempt under sect	ion 501(c), exce	ot section 501(c)(3).		_
1	Enter the amount direc	tly expended by the filing organization for sect	ion 527 exempt funct	ion activities		_
2	Enter the amount of the function activities	filing organization's funds contributed to other orga	inizations for section 52			
3	Total exempt function eline 17b	expenditures. Add lines 1 and 2. Enter here and	d on Form 1120-POL	<b>►</b> \$		
4	Did the filing organizati	on file Form 1120-POL for this year?			Yes N	— اما
5	Enter the names, addre organization made pays amount of political contril	esses and employer identification number (EIN) ments. For each organization listed, enter the abutions received that were promptly and directly deplical action committee (PAC). If additional sp	) of all section 527 po amount paid from the	olitical organizations to was filing organization's fundabilities organization, such	which the filing ds. Also enter the	••
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)			_			
(2)			-			
(3)			_			
(4)			-			
(5)			-			
(6)						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II-A Complete if the section 501(h	ne organizatio )).	n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
A Check ► if the filing	organization belon	gs to an affiliated group (and	list in Part IV each affil	iated group member's name	9.
		d share of excess lobbying		9. cap	-,
		ecked box A and 'limited co	•		
(The term 'e	Limits on Lobb expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence pu	ublic opinion (grass roots lo	bbying)		
<b>b</b> Total lobbying expenditure					
c Total lobbying expenditure	es (add lines 1a a	and 1b)			·
d Other exempt purpose ex	penditures	• • • • • • • • • • • • • • • • • • • •			
e Total exempt purpose exp	oenditures (add li	nes 1c and 1d)			···
f Lobbying nontaxable amo both columns	unt. Enter the an	nount from the following tal	ole in		
If the amount on line 1e, colum		The lobbying nontaxable			
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			N
<b>g</b> Grassroots nontaxable an	•	•		1	, <u>, , , , , , , , , , , , , , , , , , </u>
<b>h</b> Subtract line 1g from line					
i Subtract line 1f from line	1c. If zero or less	s, enter -0			
j If there is an amount other to section 4911 tax for this y	than zero on either ear?	line 1h or line 1i, did the org	anization file Form 4720	reporting	Yes No
(Some	organizations tha	4-Year Averaging Period Lat made a section 501(h) ellow. See the separate inst	ection do not have to	complete all of the five trough 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) Total
2 a Lobbying nontaxable amount					-
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount.					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	990 or 990-EZ) 201

#### Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Vec' response on lines to through I helpy provide in Bort IV a detailed description		1)	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount	
See Part IV 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?	x			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		18,093.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?		Х		
j Total. Add lines 1c through 1i			18,093.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		Ī		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Ī		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	c)(5),	or		

## F

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

#### Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
í	a Current year	2 a	
	b Carryover from last year	2 b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

#### Part II-B - Description of Lobbying Activity

CSSA occasionally interacts with legislators in person to influence policy that would benefit CSU students. Volunteers, board members, officers, and staff meet with legislators to advocate perspectives on relevant higher education policies the board chooses to address based on its mission. Lobbyist staff spend no more than 20% of

their time directly lobbying legislators.

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

California State Student Association	94-2311940
Part I Organizations Maintaining Donor Advised Funds or Otl Complete if the organization answered 'Yes' on Form 99	her Similar Funds or Accounts
(a) Donor advised	funds (b) Funds and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the are the organization's property, subject to the organization's exclusive legal	e assets held in donor advised funds I control? Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writ for charitable purposes and not for the benefit of the donor or donor advisor impermissible private benefit?	ting that grant funds can be used only or, or for any other purpose conferring
Part II Conservation Easements.  Complete if the organization answered 'Yes' on Form 99	0, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all t	hat apply).
Preservation of land for public use (e.g., recreation or education)	Preservation of a historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation collast day of the tax year.	ntribution in the form of a conservation easement on the
<b>-</b>	Held at the End of the Tax Yea
a Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included	d in (a) 2 c
d Number of conservation easements included in (c) acquired after 8/17/06, a	and not on a historic
structure listed in the National Register.	
3 Number of conservation easements modified, transferred, released, extinguished, tax year ►	, or terminated by the organization during the
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring	ng inspection handling of violations
and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations ▶	s, and enforcing conservation easements during the year
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, an</li> <li>▶\$</li> </ul>	d enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the read section 170(h)(4)(B)(ii)?	equirements of section 170(h)(4)(B)(i)  Yes No
9 In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial conservation easements.	revenue and expense statement, and balance cheet, and
Part III Organizations Maintaining Collections of Art, Historical Complete if the organization answered 'Yes' on Form 990	Treasures, or Other Similar Assets.  O, Part IV, line 8.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to art, historical treasures, or other similar assets held for public exhibition, education in Part XIII, the text of the footnote to its financial statements that describes	n or research in furtherance of public convice, provide
<b>b</b> If the organization elected, as permitted under SFAS 116 (ASC 958), to rephistorical treasures, or other similar assets held for public exhibition, education, of ollowing amounts relating to these items:	ort in its revenue statement and balance sheet works of art, r research in furtherance of public service, provide the
(i) Revenue included on Form 990, Part VIII, line 1	▶\$
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other simi amounts required to be reported under SFAS 116 (ASC 958) relating to these	lar assets for financial gain, provide the following se items:
a Revenue included on Form 990, Part VIII, line 1	
<b>b</b> Assets included in Form 990, Part X	

				,
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land				
<b>b</b> Buildings				
c Leasehold improvements	<u> </u>			
<b>d</b> Equipment				
<b>e</b> Other				· · · · · · · · · · · · · · · · · · ·
tal. Add lines 1a through 1e. (Column (d) must e		olumn (B), line 10c.).		
A				ula <b>D</b> (Form 000) 20

Schedule **D** (Form 990) 2016

	Complete ii tii		113440100 103 C	שכב חווט דיווב	<u>, i aitiv, ilile</u>	1101000101111	990, Part X, line 1:
(a) Desc		egory (including name of s		Book value		d of valuation: Cost or end	
(1) Financ	cial derivatives				-		
(2) Closely	y-held equity interes	sts					
(3) Other							
(A)							
(B)				-			
(C)							
(D)					<del></del>		
(E)		<b></b>					
<u></u> (F)			<b></b>				
(G)		<b></b>				<del></del>	
(H) — — —							
(l) 					·		
		990, Part X, column (B) line					
Part VIII	Complete if the	- Program Relate	<b>80.</b> nswered 'Yes' c	n Form 990	N/A Part IV line	11c See Form	990, Part X, line 13
	(a) Description of	investment	(b) R	ook value	(c) Method of v	valuation: Cost or on	id-of-year market value
(1)	(4) 2 3 3 3 1 5 1 5 1	- Invocation	(6) 5	OOK Value	(c) Method of V	raidation. Cost of en	u-or-year market value
(2)							
(3)							
(4)							
(5)							
(6)	<del>-</del>						
_(7)							
<b>(2)</b>							
(8)							
(9)							
(9) (10) <b>Total</b> . <i>(Colun</i>	Other Assets.	90, Part X, column (B) lin					
(9) (10) Total. (Colum Part IX (1) Ben (2)	Other Assets. Complete if the	-	nswered 'Yes' o		, Part IV, line	11d. See Form	990, Part X, line 15 (b) Book value 1,368,350
(9) (10) Fotal. (Colum Part IX (1) Ben (2) (3)	Other Assets. Complete if the	e organization ar	nswered 'Yes' o		, Part IV, line	11d. See Form	(b) Book value
(9) (10) Fotal. (Colum Part IX (1) Ben (2) (3) (4)	Other Assets. Complete if the	e organization ar	nswered 'Yes' o		, Part IV, line	11d. See Form	(b) Book value
(9) (10) Total. (Column Part IX (1) Ben (2) (3) (4) (5)	Other Assets. Complete if the	e organization ar	nswered 'Yes' o		, Part IV, line	11d. See Form	(b) Book value
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6)	Other Assets. Complete if the	e organization ar	nswered 'Yes' o		, Part IV, line	11d. See Form	(b) Book value
(9) (10) <b>Part IX</b> (1) Ben (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the	e organization ar	nswered 'Yes' o		, Part IV, line	11d. See Form	(b) Book value
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the	e organization ar	nswered 'Yes' o		, Part IV, line	11d. See Form	(b) Book value
(9) (10) Total. (Colum Part IX (1) Ben (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the	e organization ar	nswered 'Yes' o		, Part IV, line	11d. See Form	(b) Book value
(9) (10) Total. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization ar	nswered 'Yes' o  (a) Description  B Held by Otl	h			(b) Book value 1, 368, 350
(9) (10) Total. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Assets. Complete if the	e organization arrest in Funds	nswered 'Yes' o  (a) Description  B Held by Otl	h			(b) Book value 1, 368, 350
(9) (10) Total. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Assets. Complete if the seficial Inte	e organization arrest in Funds	nswered 'Yes' o  (a) Description s Held by Otl	h			(b) Book value 1, 368, 350
(9) (10) Total. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds	column (B) line 15.	h			(b) Book value 1, 368, 350
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds  of Form 990, Part X,  ganization answered	column (B) line 15.	hPart IV, line 11			(b) Book value 1, 368, 350
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds  of Form 990, Part X,  ganization answered	column (B) line 15.	hPart IV, line 11			(b) Book value 1, 368, 350
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds  of Form 990, Part X,  ganization answered	column (B) line 15.	hPart IV, line 11			(b) Book value 1, 368, 350
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co. Part X  (1) Feder (2) (3) (4)	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds  of Form 990, Part X,  ganization answered	column (B) line 15.	hPart IV, line 11			(b) Book value 1, 368, 350
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co Part X  (1) Feder (2) (3) (4) (5)	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds  of Form 990, Part X,  ganization answered	column (B) line 15.	hPart IV, line 11			(b) Book value 1, 368, 350
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co. Part X  (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds  of Form 990, Part X,  ganization answered	column (B) line 15.	hPart IV, line 11			(b) Book value 1, 368, 350
(9) (10) Total. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co. Part X  (1) Feder (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds  of Form 990, Part X,  ganization answered	column (B) line 15.	hPart IV, line 11			(b) Book value 1, 368, 350
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co. Part X  (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds  of Form 990, Part X,  ganization answered	column (B) line 15.	hPart IV, line 11			(b) Book value 1, 368, 350
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co. Part X  (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds  of Form 990, Part X,  ganization answered	column (B) line 15.	hPart IV, line 11			(b) Book value 1, 368, 350
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co Part X  (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10) (9) (10)	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds  of Form 990, Part X,  ganization answered	column (B) line 15.	hPart IV, line 11			(b) Book value 1, 368, 350
(9) (10) Fotal. (Column Part IX  (1) Ben (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co. Part X  (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the seficial Interest of the seficial Interes	e organization arrest in Funds  of Form 990, Part X,  ganization answered	column (B) line 15.	hPart IV, line 11			(b) Book value 1, 368, 350

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro	eturn.	_
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,669,437.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	1	
c Recoveries of prior year grants	1	
d Other (Describe in Part XIII.)	1	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	1,669,437.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2,003,137.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	1	
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,669,437.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		•
1 Total expenses and losses per audited financial statements.	1	1,195,900.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments	1	
c Other losses	1 1	
d Other (Describe in Part XIII.)	1	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	1,195,900.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,193,900.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,195,900

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X - FIN 48 Footnote

Part XIII Supplemental Information.

CSSA is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and California income taxes under section 2370(d) of the California Revenue and Taxation Code. CSSA is required to pay an annual filing fee to the State of California and other states it operates in.

CSSA has adopted Financial Accounting Standards Board Accounting Standards

Codification (ASC) Section 740-10, which clarifies the accounting for uncertainty in Schedule **D** (Form 990) 2016

Part XIII | Supplemental Information (continued)

#### Part X - FIN 48 Footnote (continued)

income taxes. ASC Section 740-10 prescribes a recognition threshold and measurement attribute forth financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. ASC Section 740-10 requires that an organization recognize in the financial statements the impact of the tax position if that position will more likely than not be sustained on audit, based on the technical merits of the position. As of and for the year ended June 30, 2017, CSSA had no material unrecognized tax benefits, tax penalties or interest.

CSSA's Forms 990, Return of Organization Exempt from Income Tax, for each of the tax years ended June 30, 2016, 2015, and 2014, are subject to examination by the IRS, generally for 3 years after they were filed.

## (h) Purpose of grant or assistance **%** ⊠ Open to Public Inspection OMB No. 1545-0047 2016 **Employer identification number** Yes Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 94-2311940 Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. Attach to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) California State Student Association Part | General Information on Grants and Assistance (b) EIN 1 1 1 1 **1 (a)** Name and address of organization or government 1 Department of the Treasury Internal Revenue Service 1 Name of the organization SCHEDULE I (Form 990) 1 8 E 1 (2)୍ର €, 9 9 8 8

Schedule I (Form 990) (2016)

TEEA3901L 11/03/16

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

3 Enter total number of other organizations listed in the line 1 table.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule I (Form 990) (2016) California State Student Association

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Sch	1 Scholarship	5	55,026.		Book	
2						
m						
. 4						
2						
9						
7						
Part IV	Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	le the information	required in Part I,	line 2; Part III, co	lumn (b); and any other	additional information.

BAA

#### **SCHEDULE L** (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.
 Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

California State Student Association

Employer identification number

94-2311940

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
		person and organization	(-)	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)				-	
(6)					

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958....

**►**\$

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo froi organ	an to or n the ization?	(e) Original principal amount	(e) Original ncipal amount (f) Balance due (g) In default? (h) Approved by board or committee?	default? (h) Approved by board or committee?		(i) W agree	ritten ment?		
	l		То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)						-						
(4)			1									
(5)												
(6)			<b>†</b>				_					
(7)			1				<u> </u>					
(8)							<u> </u>					
(9)							<b>-</b>					
(10)												i
Total												<u> </u>

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) David Lopez	Board Officer	24,655.	Scholarship	
(2) Isabelle Franz	Board Member	13,019.	Scholarship	
(3) Ryan Brown	Board Member	5,961.	Scholarship	
(4) Maria Kagianas	Board Member	5,961.	Scholarship	
(5) Jorge Reyes Salinas	Board Member	5,430.	Scholarship	
(6)				,,,,
(7)				
(8)				
(9)				
(10)				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016	California	State	Student	Associatio
2010 alic E (1 01111 330 01 330-E2) 2010	Calliornia	State	Student	ASSOCIALIO

94-2311940

Page 2

Part IV	Business	Transactions	Involving	Interested Persons.
	Dusiness	I I WII JUCKION 3	HIVOIVING	iliteresteu Fersons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharid organizat revenue	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					<u> </u>
(7)					
(8)					
(9)				1	
(10)					

Part V | Supplemental Information | Provide additional information for responses to questions on Schedule L (see instructions).

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

California State Student Association

94-2311940

Employer identification number

#### Form 990, Part III, Line 4a - Program Service Accomplishments

Student Nonprofit Board Development

Description: CSSA's board is comprised of students from across the California State University (CSU) system. Through monthly conferences of approximately fifty student leaders in roles of directors, officers, and committee members, students are trained on how to effectively carry out the mission of a nonprofit organization. Training is centered on instilling nonprofit principles; duty of care, duty of loyalty, and duty of obedience. Students learn how to determine program priorities, set agendas, parliamentary procedure, budget development, and fiduciary/legal responsibilities for a nonprofit. The program adheres to a 1-year cycle with new students installed every fiscal year. Students gain valuable skills and knowledge directly applicable to future professional careers in public policy and nonprofit service after college.

Total program expenses were \$235,971.

#### Form 990, Part III, Line 4b - Program Service Accomplishments

Student Engagement with Public Policy Advocacy

Description: CSSA maintains ongoing student engagement with public policy advocacy as a crucial aspect of its mission. CSSA provides policy analysis training to students by facilitating engagement with various stakeholders including research institutions, legislators, institutional administrators, and advocacy organizations. Students are provided with legislative analysis, travel to participate in/observe governmental policy processes, and communication materials to advocate student policy positions to policymakers. Students are trained to represent themselves and

California State Student Association

Employer identification number 94-2311940

## Form 990, Part III, Line 4b - Program Service Accomplishments

their involvement in these activities, students learn how to navigate the policy-making process, how to determine policy priorities, and ultimately how to advocate on behalf of students.

Total program expenses were \$174,174.

### Form 990, Part III, Line 4c - Program Service Accomplishments

California Higher Education Student Summit

Description: The California Higher Education Student Summit is the California State Student Association's (CSSA) annual conference that engages 250 students in public higher education policy making. During a two-day conference held in the state capital, students attend various speaker sessions and participate in workshop trainings on leadership, governance, higher education topics, public policy, the legislative process, and advocacy. Students are equipped with the knowledge and tools to communicate their perspective pertaining to higher education issues in order to effectively participate in the policy making process as advocates. Participants are provided the unique opportunity to collaborate and network with their peers to learn about the various diverse viewpoints of students across the state of California.

Total program expenses and revenues were \$122,737 and \$36,100, respectively.

## Form 990, Part III, Line 4d - Other Program Services Description

1. California State University Shared Governance

Description: CSSA maintains a comprehensive program of shared governance for students' engagement with the California State University governance structure. CSSA

Name of the organization

Employer identification number

94-2311940

California State Student Association

#### Form 990, Part III, Line 4d - Other Program Services Description

facilitates student participation on various university committees and workgroups and regular engagement between student leaders and the university administration and CSU Board of Trustees. Students participate in university initiatives and directly engage the CSU administration on systemwide student issues. This program results in student-centered decision making by university leaders, ongoing conversations between student and university leaders, and recognition of student-led initiatives by the board of trustees and administrators. Students are provided with travel, staffing, and leadership opportunities to participate in university system policy making. CSSA enhances and creates opportunities for student representation in university decision making processes, including the recommendation of the Student Trustee candidate for the gubernatorial appointment to the CSU Board of Trustees.

Total program expenses were \$116,165.

#### 2. Leadership Development

Description: The student board members, officers, and staff are afforded opportunities to receive professional development through state and national conferences and educational trainings. CSSA provides travel and registration/training fees for conferences pertaining to various topics applicable to higher education including, campus sustainability, university student affairs, student basic needs initiatives, university policy, and student leadership, among others. In addition, student officers are provided with mentorship partners from professional staff in the areas of governance, fiduciary responsibility, policy analysis, and nonprofit governance to train them as professional leaders. Annually, officers and staff participate in retreats to strengthen skills pertaining to

Name of the organization

California State Student Association

Employer identification number 94-2311940

## Form 990, Part III, Line 4d - Other Program Services Description

leadership, communication, collaboration, efficacy and values.

Total program expenses were \$86,400.

#### 3. Federal Policy Engagement

Description: CSSA maintains a federal policy program in order to engage students with the federal policy making process. This program includes regular advocacy trips to Washington, D.C., where student leaders meet with elected officials and higher education stakeholders about pressing higher education issues. CSSA advocacy efforts in the nation's capital affords student leaders an opportunity to learn about topics affecting CSU students at the federal level. In service to CSSA's mission, this program ensures that CSU's advocacy efforts benefit from the inclusion of student perspectives, stories, and achievements. Student are provided the opportunity to gain valuable advocacy experience by engaging in various in topics including financial aid, student protections, etc.

Total program expenses were \$59,365.

#### 4. Scholarships

Description: CSSA awards scholarships to student leaders on the basis of merit for service and leadership. This program provides tuition and cost of attendance assistance to CSU students to ensure they are able to participate in leadership opportunities while succeeding academically.

California State Student Association

Employer identification number 94-2311940

Form 990, Part III, Line 4d - Other Program Services Description

Total program expenses were \$55,510.

5. Student Outreach

Description: Part of CSSA's mission is to reach out to the general CSU student population and inform them of their student rights, opportunities for involvement, and to inform them of pertinent higher education issues. Student outreach is conducted via communication campaigns, public relations efforts, and engagement of the CSSA student board with their respective campus populations. CSSA utilizes these avenues to make information on systemwide and legislative policies accessible and available to students at large.

Total program expenses were \$25,413.

6. Student-led Sustainability Initiatives

Description: The Greenovation Fund is a micro grant program provided by CSSA as a resource to support student-led sustainability projects at California State University campuses. It is the goal of CSSA empower students to lead sustainability related programs, projects, and initiatives to create positive change at their universities. Board members have the opportunity to develop the process and internal policy for the grant program, and are charged with selecting and evaluating student proposals to receive funding for campus sustainability projects.

Total program expenses were \$13,705.

Employer identification number 94-2311940

## Form 990, Part VI, Line 11b - Form 990 Review Process

The form is presented to the Board of Director's electronically and via a regularly scheduled plenary.

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

As part of our Memorandum of Understanding with the California State University, we abide by their Human Resources and Budget Policies, thus, we are required annually based on their timeline to complete these Conflict of Interest questionnaires.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Director's salary is determined similarly to other management personnel at the CSU Office of the Chancellor. Therefore, the Executive Director only receives compensation adjustments when other state employees of the CSU system receive such adjustments. This is all stipulated in the California State University's HR policies.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees
All employees are treated similarly to the Executive Director.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Website, annual report distributed to all board and stakeholders, and upon request.